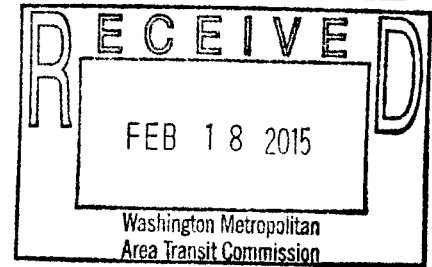


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1608 | MARIET & B TRANSPORTATION, LLC

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

5940 14TH ST NW | A1 | WASHINGTON | DC | 20011-1775

\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

143 KENNEDY ST NW | 6 | WASHINGTON | DC | 20011-5270

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

240-893-7627 | | | saidoukabem@yahoo.com

\*Telephone | Other Telephone | Fax | E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

MR. SAIDOU KABEM OUEDRAOGO | PRESIDENT

\*Name | \*Title

240-893-7627 | | saidoukabem@yahoo.com

\*Telephone | Other Telephone | Fax | E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process | Telephone | E-mail

Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
07	1999	DODGE	1B4GP44L6XB891266 ✓	B44296	DC	3	YES
03	2000	CHRYSLER	1C4GJ44G4YB770499 ✓	B45232	DC	7	NO
05	2002	DODGE	1B4GP15B32B601014 ✓	B44229	DC	7	NO
02	2005	DODGE	2D8GP44L05R545135 ✓	B45277	DC	7	NO
04	2007	TOYOTA	5TDZK23C07S033039 ✓	B48054	DC	7	NO
08	2008	TOYOTA	5TDZK23C58S123028 ✓	B44290	DC	7	NO
01	2008	TOYOTA	5TDZK23C18S151148 ✓	B45252	DC	7	NO
06	2008	CHRYSLER	2A8HR44H88R782039 ✓	B44297	DC	4	YES
09	2010	DODGE	2D4RN4DE4AR362171	B44278	DC	7	NO

7. **\*CERTIFICATION:**


I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

SAIDOU KABEM OUEDRAOGO

\*Name (type or print)

PRESIDENT

\*Title (not required for sole proprietors)



\*Signature

02/12/2015

\*Date